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To: **United States Patent and Trademark Office****OFFICIAL**Attorney Docket No.: **24120-011**In re application of: **ALLEN**Serial No.: **10/004,546**Group Art Unit: **2876**Filed: **December 5, 2001**Examiner: **Lisa M. Caputo**Entitled: **Electronic Information Delivery System and Process Including Supplying of Information About Locations Visited While Travelling and at Contained Events**

Paper(s) Being Transmitted:

**REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT**Date: **January 26, 2004**Number of Pages Being transmitted (including cover page): **2**

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24120/011/620575.1

PTO/SB/83 (03-02)

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**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT**

Application Number	10/004,546
Filing Date	December 5, 2001
First Named Inventor	ALLEN
Group Art Unit	2876
Examiner Name	Lisa M. Caputo
Attorney Docket Number	24120-011

To: Assistant Commissioner for Patents  
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

Applicant has an unpaid balance with attorney of record over six months old. This request is made on behalf of myself and all the attorneys/agents of record. A copy of this request is being provided (via 1st class mail & certified mail) to the last known address of the applicant.

It is noted that there is an outstanding final Office Action dated December 2, 2003, with a final due date of June 2, 2004 (with extensions). It is submitted that the client/applicant would not be prejudiced by the granting of this petition.

1.  The correspondence address is NOT affected by this withdrawal.
2.  Change the correspondence address and direct all future correspondence to:

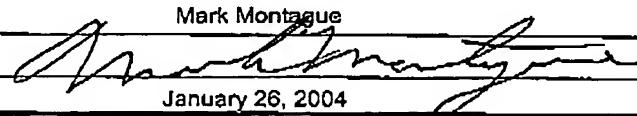
**CORRESPONDENCE ADDRESS**

<input type="checkbox"/> Customer Number	<input type="text"/>	→	<b>Place Customer Number Bar Code Label here</b>
<b>OR</b>			

<input checked="" type="checkbox"/> Firm or Individual Name	Gregory Allen				
Address	President/CEO				
Address	2565 Broadway				
City	New York	State	NY	ZIP	10025
Country	USA				
Telephone	1-877-897-9880	Fax			

This request is made on behalf of myself and  
 all the attorneys/agents of record,  
 the attorneys/agents (with registration numbers) listed on the attached paper(s), or  
 the attorneys/agents associated with Customer Number \_\_\_\_\_

This request is enclosed in triplicate (including any attachments).

Name	Mark Montague
Signature	
Date	January 26, 2004

**NOTE: Withdrawal is effective when approved rather than when received.  
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.**

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